SEAFORD URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1956

Public Health Department,
Lewes House,
LEWES.

November, 1957.

Public Health Department,

Lewes House,

LEWES.

To the Chairman and Members of the
Seaford Public Health Committee.

Mr.Chairman, Ladies and Gentlemen,

I have the honour to submit the Annual Report on the state of public health and on the sanitary circumstances of Seaford for the year 1956.

The estimated population for the year under review was 10,670. This is the highest population figure for your district so far recorded. The census populations for the town in 1921, 1931 and 1951 were 7,301, 6,925 and 9,001. The estimated populations for the years 1952, 53, 54, 55 and 56 were 10,340, 10,360, 10,500, 10,550 and 10,670 respectively. The figures for estimated populations for inter-censal years 1952 to 1956 would approximate the censal figures if census counts were taken in those years. They are the years between the 1951 census and the next census to be taken presumably in 1961 unless untoward circumstances determine its abandonment.

In the last twenty years the population of Seaford has grown from 6,925 to 10,670 an increase of 3,745 or that of over 54%.

The size of Seaford is 4,274 acres and the built up portion is approximately 1,250 acres. Bearing in mind town and country planning there is plenty of room for further housing development and thus for a still more increased population.

According to the 1951 Census Report which is the last publication which gives information as to the age composition of the Seaford population 7.0% of the population of the town was in the 0-4 years group; 12.5% were in the 5-14 years group; 34.4% came within the 15-44 years bracket; 26.3% were aged 45 to 64 years and 19.8% comprised those of 65 years and over.

There was not a great deal of difference in these proportions of age groups in 1956 as compared with 1951.

Seaford particularly attracts those who retire or semi-retire or who are still active in a full time occupation. In recent years there have been increasing numbers composed of those who are employed in other areas such as neighbouring big towns, the metropolis, and at other places in neighbouring counties who have become residents. Some residents of Seaford engaged as representatives of large firms cover considerable areas in the course of their duties and have chosen Seaford as a place to come home to for relaxation, recreation, and for the health-giving atmosphere and environment. With the speed of modern transport by frequent train services and not too long delayed connections, travel to most other parts is greatly facilitated. Moreover, there are very good roads for motorists to travel from the town through East Sussex and beyond. These travel facilities, together with the undoubted healthiness of Seaford, make the town a wise choice for those who have to travel daily or occasionally to other places, either the semi-retired or the still fully employed. There is also an excellent 'bus service with end destinations at both short and long distances, and inter-connections for places throughout all Sussex, the neighbouring counties and further beyond.

The majority of residents of Seaford live well beyond the allotted span. The average age at death for the last ten years was 72 years. A few deaths amongst the younger age groups, especially the deaths of infants, considerably lower the average age at death. The record for the last decade illustrates the longevity of Seaford inhabitants.

The chief causes of death in Seaford in 1956 were heart disease (60 deaths); vascular lesions of the nervous system (33 deaths) and cancer (26 deaths). Deaths from heart disease have been increasing steadily during the last twenty years. The main reason for the increase is that there has been a progressive increase in the number of the elderly amongst whom the chief cause of death is heart disease in one form or another. The heart is possibly the hardest-worked organ in the body. It performs its function of pumping blood unceasingly throughout life, and is not constructed to last as long as many of the other bodily organs. It is more prone to serious degenerative processes as age increases. In short, heart disease, which is in most cases a degenerative one, has become more common because more people are living to reach old age. Younger people may, of course, suffer from heart disease, but their number is comparatively small when compared with the number of elderly sufferers

Vascular lesions of the central nervous system include haemorrhage into the brain substance or its coverings, decay of the brain tissue through various means and other and ill-defined vascular lesions affecting the system and causing death of the tissue. Deaths from these lesions have increased materially since 1931, and they occur mainly in the elderly. This is because rupture of the blood vessels causing haemorrhage is more liable to occur as they become more friable with advancing age. Also with advancing age, the chances of blocking of the arterial system of the brain and other causes of decay and death of the brain tissues increase. Far more women than men die from the lesions, for the reasons that in the older age groups women out-number the men and elderly women are more prone to fatalities from these causes.

Cancer deaths have beenmounting steadily during the last twenty-five years. The vast majority of the cases of cancer are found in persons over fifty years of age, and as the age increases over fifty so do the number of cases increase. As longevity has increased and there are more elderly people each year, there are more cases of cancer as this disease is more prone to attack those past middle age, and especially those in later age groups. Improved methods of diagnosis have resulted in revealing more cases of the disease than before so the increase is but partly real.

In 1956 there were three deaths from cancer of the lung and bronchus. Generally, there has been an enormous increase in the number of patients with cancer of the bronchus in all countries where adequate records are kept. Fifteen years ago the disease was uncommon in the wards of a teaching hospital. Part of the increase at first could be explained by improvements in clinical and histological diagnosis, but the present accelerating rate continues although there has been no comparable improvement in diagnostic methods. The high rates are apparent in the general population in urban and rural districts. The disease is two and one half times commoner in males than in females and yet the facilities for diagnosis are equal for both sexes.

It appears that there is an association between heavy cigarette smoking and cancer of the bronchus, though this does not necessarily mean that smoking is the cause of the disease. There are many problems to be solved and the most important one perhaps, and the most difficult, is the nature of individual susceptibility. Some people who have been and are heavy cigarette smokers, never develop cancer of the bronchus. Others who never smoke succumb to the disease. As it has been "proved beyond all reasonable doubt" that there is an association between heavy cigarette smoking and cancer of the bronchus, the best advice one can give to any individual is not to smoke more than twenty cigarettes a day at the very most, and preferably to cut the amount down to ten.

The adjusted death rate for Seaford for 1956 was 11.36 per 1,000 population as compared with 11.70 for England and Wales.

As in the case of the crude death rate a comparability factor is applied to the crude birth rate. This gave an adjusted birth rate for the year of 10.14 per 1,000 population for the town as compared with 15.7 for England and Wales.

As in the previous seven years there was no death of a mother through childbirth in 1956.

During the year one hundred and ninety-two cases of infectious disease were notified in Seaford. The composition of the total is as follows:- 183 of measles; 5 of erysipelas; 3 of pneumonia and 1 of whooping cough. It can be noted that over ninety per cent of the total was of measles. Notification of this disease serves little or no useful purpose in checking the spread of infection as the period of communicability, usually about nine days, is from four days before, to five days after, the rash appears. Probably between 80% of all persons up to twenty years of age have had measles, and very few people go through life without contracting the infection as it is a highly infectious disease. Part of the period of communicability is during the stage when the infection in the first few cases goes unrecognised, as there is no rash present, although there are catarrhal symptoms resembling a cold or some other illness of infection. Thus a start is given to an outbreak which may reach epidemic proportions.

About thirty years ago the fatality rate varied from 2 per cent in one epidemic to 40 per cent in another depending on the character of the epidemic. Today the fatality rate is practically nil due to up-to-date treatment by sulpha drugs and anti-biotics.

Although quarantine is impracticable and of no value in large communities, exposure to infection of susceptible children of under five years, and of weakly children who have not had the disease, should be avoided.

No effective vaccine has yet been discovered to prevent infection. It is held in some quarters that the administration of gamma globulin to all susceptibles has some value in institutional outbreaks in checking the spread of infection.

As in recent previous years no case of diphtheria was notified in the Urban District. The last case occurred eleven years ago. The continued absence of diphtheria for such a long period is sufficient testimony to the efficacy of diphtheria immunisation. Lest the absence of this infection lulls parents and guardians into a sense of security, and they neglect to have the children under their care immunised, a warning is hereby given. The germ which causes diphtheria is being still carried about at large in the population. No cases have been notified simply because there is a large bulk of children immunised. Children who have not been immunised run a risk of contracting the disease. If they do become infected the blame will lie squarely upon those parents and guardians who neglected to have the children immunised. There is no need to remind parents and guardians of the seriousness of diphtheria. It is more malignant and has a higher death rate than scarlet fever, and the younger the child is who is attacked the more fatal it is. It is not too much to state, that anyone who omits to have a child under his or her care immunised, is guilty of criminal negligence or worse.

There were no deaths of any of the infectious diseases cases notified during the year.

Eleven cases of pulmonary tuberculosis and one case of non-pulmonary tuberculosis were notified in Seaford during the year. Of the former eleven cases, eight were transfers from other areas to Seaford. That is, they were already suffering from the disease before coming to reside in the town. There was only one death due to pulmonary tuberculosis and that was of an individual who came from outside the Seaford area and died in a nursing home in the town.

Despite the great and rapid fall in the death rate in pulmonary tuberculosis cases in recent years, there has been a rise in the incidence of the disease in this country. This rise has been due to Chest Physicians ferreting out new cases and particularly finding

them by mass miniature radiography. This is not the whole story however. Many patients after treatment by anti-biotics and chemotherapy return to their former employment too soon. They are buoyed up by the comparatively rapid effects of the treatment and plead to be allowed to go back to work. They are usually warned about the possibility of a breakdown but resume their occupations against advice. Usually deterioration occurs and they do have a breakdown. Thus not only do they require further treatment, but possibily they have infected others with whom they have come in contact. There is moreover a number of infectious cases who never consult a doctor for fear of losing their employment. Some of these die and are included in some 7,000 cases a year throughout the country which are notified only on death. Thus the battle against pulmonary tuberculosis is by no means nearly within sight of being concluded.

Cases of non-pulmonary tuberculosis have become less as the years have gone on,due to the weeding out of tuberculous cattle,pasteurisation of milk,and the establishment of more T.T. herds. This type of the disease,which may infect any part of the body,with the exception of the lungs and the lung cavity, was once thought to be entirely due to the bovine type of organism found in tuberculous cattle. It has been understood in recent years, however, that it may be also due to the human type of the organism. This is all the more reason why patients who are infected with this organism and extrude it, should be segregated until it is held to be safe to allow them to resume their former occupations. Both the human and bovine types of the tuberculosis bacillus or germ are still with us. Every known agent from streptomycin to isoniazid in the whole range of anti-tuberculosis anti-biotics is certainly an inhibitor of the germ's growth,but it is not an absolutely certain killer of the bacillus, which is still as deadly as ever it was. This is not to say that treatment by anti-biotics does not bring about cures,especially in early cases of the disease. It is to point out,that despite the modern miracle of the recent rapid and considerable slide in the death rate from tuberculosis, much still requires to be done before victory over the disease is within sight.

Concerning the sanitary circumstances of the Seaford Urban District, samples of water from the main supply obtained during the year and submitted to chemical and bacteriological examinations,revealed that all were of a high degree of purity.

The premises, storage facilities,utensils,etc.,in connection with the sale of milk, baking,and other foodstuffs,were inspected regularly throughout the year and found to be kept in hygienic conditions.

Very little trouble was experienced during the year through the seaweed fly which proved such a nuisance in 1954.

There is more than a grain of truth in the common saying of inhabitants,"Come to Seaford and add ten years to your life". The longevity of the great majority of the inhabitants of the town is well known. Many of these come from other places,attracted to the resort either through a gain in health obtained whilst on holiday in it,or through recommendations by relatives or friends who had already taken up residence in the town,or had spent a vacation there.

A long series of vital statistics over a considerable number of successive years shows that Seaford has less serious illnesses amongst the general population than found in the country as a whole. When compared with the records of industrial towns the proportion of those illnesses is a fraction of those found in the industrial midlands and north. Children thrive in this salubrious south coast resort,as there is a freedom from outbreaks of dangerous infectious disease which mostly affect the younger generation. As a whole the children enjoy excellent health through the bracing climatic conditions. Adults enjoy these conditions,and maintain a physical tone seldom found in overcrowded towns and cities, ill ventilated and often with impure or heavily

polluted air. This improved physical tone, in turn tones up the nerve tone, and makes for an improvement in the mental outlook. In short, it makes life more enjoyable, provided a person is not a habitual pessimist or has not lost most interests in life.

One of the most important factors in the prevention and treatment of disease, is that of a locality possessing a climate where well people will increase their store of health, and where the subwell and the sick are assisted to rehabilitation, and to recovery from illness. Such a climate is that of Seaford. The town has a long history of generations of the jaded, tired, and subwell, benefiting from its climatic conditions, and from the quiet serenity of its environment. It has witnessed over the years the successive batches of the sick with obvious and serious debility, arriving to enter convalescent and nursing homes, and has seen the remarkable and comparatively quick recoveries made mainly through the effects of its climate. The sick have included amongst them, those recovering from serious operations or illnesses, and sufferers from well established disease.

There are several reasons why Seaford is pre-eminently a resort for the well, who wish to improve their reserves of health and add to their years, and for the subwell, the convalescent, and the sick, to regain their previous heritage of full and abiding well being.

Owing to its geographical position, Seaford faces down Channel and is exposed to the bracing sea winds. It is a truism that the windier a seaside resort is, the more bracing it is. Seaford is more bracing than other south coast resorts owing to its unique position. The prevailing winds are from the southwest but the town is sheltered from the harsh north and northeast winds which occasionally blow in the winter, by the protective downs. There are very occasional gales from the Channel, but on most days throughout the year there is air movement throughout the town through sea breezes in the day time and land breezes at night. These breezes vary in intensity from light to moderate. It is well known to inhabitants of surrounding County areas and of other places that there is nearly always a breeze at Seaford. The cooler, fresher, and more bracing atmosphere attracts those well acquainted with the fact, to repair to Seaford to enjoy the more pleasant conditions and escape from those of oppression, excessive humidity, and stifling heat experienced in some days of the summer months.

Temperatures in Seaford range from about 40 degrees Farenheit in February, to occasionally as high as 88 degrees in July and August. There are small variations between day and night temperatures which prevent rapid cooling of the ground. The effects of the occasional high temperatures are offset by an intermittent breeze and the fresh sea air.

The air of Seaford is relatively free from dust, allergens, grit, smoke, carbon monoxide and other products of combustion. There are no industries in or near the town which cause general pollution of the atmosphere with particulate matter or with offensive fumes. Dwellers of cities, where fog arising from air pollution causes respiratory diseases, such as pneumonia and bronchitis, and where chemical fumes cause damage to buildings and vegetation, soon appreciate the vastly improved and clean atmospheric conditions, when they visit or come to reside in Seaford.

For ten successive years the annual average hours of sunshine in Seaford was 1,735, and some years have had the highest recorded number of sunshine hours in the British Isles.

Rainfall is light, and usually ranges from 25 to 28 inches per annum. The sub-soil is of chalk and flint generally and allows of quick drainage. The ground does not retain any degree of moisture so as to be conducive to rheumatic infections. The Seaford sea breeze

can be said to ventilate the whole town with fresh health giving air. The town is thus free from heat retention as found in other larger seaside resorts with large built up areas, which on account of the large amount of buildings, roads and pavements, and less ventilation, retain heat and make conditions stifling and oppressive in hot weather.

My thanks are due to members of the Health Committee for their help and encouragement during the year, and to officials of the Council for their help and courtesy.

I am Mr.Chairman, Ladies and Gentlemen,

Your obedient Servant,

G.M.DAVIDSON LOBBAN,
M.B.,Ch.B.,D.P.H., F.R.S.H.,

Medical Officer of Health.

SECTION I

Statistics of the Area - 1956

Area (in acres)	4,274
Population (estimated)	10,670
Rateable Value (1st April,1956)	£139,614
Sum represented by a penny rate	£750

Extracts from Vital Statistics

Live Births	Male	Female	Total	Rate per 1,000 Population
Legitimate	44	32	76	
Illegitimate	3	3	6	
			82	7.68
Deaths	75	91	166	15.56
Number of women dying in, or in consequence of childbirth.	-	0	0	0.00
				Rate per 1,000 Live Births
Infantile Mortality (Deaths under one year of age)	2	1	3	36.58

POPULATION

The Registrar-General's estimate of the population is 10,670. The population and vital indices of Seaford for the past 12 years are as follows:-

Year	Population	Vital Index	Year	Population	Vital Index
1945	6,450	137.50	1951	10,110	74.07
1946	8,334	175.82	1952	10,340	65.97
1947	8,951	140.77	1953	10,360	65.62
1948	9,730	111.30	1954	10,500	55.21
1949	10,260	79.17	1955	10,550	58.44
1950	10,430	74.01	1956	10,670	49.40

The estimated population figure of 10,670 recorded for mid-1956 shows an increase of 120 on the comparative figure for the previous year. For the eighth year in succession, more deaths than births took place in the district, and it therefore seems that the recorded population increase is due to the excess of immigrants into the area over the emigrants who left it. The steady fall of the vital index which was halted last year for the first time in nine years, resumed its downward course in the year under review, the figure decreasing from 58.44 to 49.40. The latter figure was also lower than the figure of 55.21 recorded in the year 1954. This means that the proportionate excess of deaths over births was greater in 1956 than in any preceding year during which records were kept. It is to be hoped that this downward trend will be reversed in the coming years.

The vital index shown in the table, is arrived at by dividing the number of births during the year in the area under review by the number of deaths, and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition, and any such figure above a hundred shows that births in the area have more than compensated for the deaths which have taken place during the same period.

Maternal Mortality

For the eighth year in succession no mother resident in Seaford has died in or in consequence of childbirth. Only two maternal deaths have occurred in the district during the past twelve years, during which period 1,325 births have taken place, the rate for the area per 1,000 live and still births during the twelve years being 1.51.

Infantile Mortality

During the year 1956 three infants under one year of age died in Seaford. This represented an infantile mortality rate of 36.58 per 1,000 live births.

The rate of 36.58 is considerably higher than the rate usually recorded, but it must be remembered that when the number of infantile deaths recorded each year is so low, then a difference of one or two deaths in any one year makes a very large variation in the rate per 1,000 live births recorded for the year in question. The infantile mortality rate for England and Wales was 23.8 per 1,000 live births for the year 1956 and if one less infant death had taken place in Seaford during the year the rate would have been very little more than the national figure.

Birth Rate

The crude birth rate for the year under review was 7.68 per 1,000 population. This is appreciably lower than last year's figure of 8.53, and is indeed the lowest crude birth rate recorded in the district in any year. For some years it has been hoped that the number of new houses being erected in the district would attract young married couples to the area, and in time cause indirectly an increase in the annual birth rate for the district. So far, unfortunately, this hope has not materialised. It may be, however, that any such result is in the nature of a long term effect, and may be achieved after the passage of a number of years.

An area comparability factor of 1.32 is applicable to the crude birth rate in the town. This figure is supplied by the Registrar-General, in order that a fair comparison may be made between the local birth rates of different districts. In this case its application gives an adjusted birth rate of 10.14. Even with this adjustment the rate for the district is only two-thirds of the 1956 rate of 15.7 recorded for England and Wales.

Death Rate

The death rate for the year under review was 15.56 per 1,000 population, the death rate for England and Wales for the same period being 11.7 per 1,000 population. There is little doubt that Seaford's popularity as a place in which to spend the years of retirement, is at least partly the cause of the rather high death rate, as so many choose to spend the last years of their life in the district.

An area comparability factor of 0.73 is applicable to the crude death rate of 15.56 per 1,000 and this gives an adjusted figure of 11.36 per 1,000 population, which is 0.34 less than the rate for England and Wales for the same period.

Causes of Death

	Male	Female	Total
Heart disease	29	31	60
Vascular lesions of nervous system	11	22	33
Cancer	8	18	26
Ulcer of the stomach and duodenum	5	1	6
Circulatory disease other than mentioned elsewhere.	2	2	4
Accidents other than motor vehicle accidents.	2	2	4
Pneumonia	1	2	3
Bronchitis	2	1	3
Hyperplasia of prostate	3	-	3
Diabetes	2	-	2
Tuberculosis (respiratory)	1	-	1
Gastritis, enteritis and diarrhoea	-	1	1
Nephritis and nephrosis	1	-	1
Leukaemia, aleukaemia	1	-	1
Congenital malformations	1	-	1
Other defined and ill-defined diseases	6	11	17
	75	91	166

As occurs almost every year, the chief causes of death were heart disease, vascular lesions of the nervous system and cancer.

The highest age at death was ..... 95 years
The lowest age at death was ..... 5 hours
The average age at death was ..... 73 years

Specific Causes of Death

Heart Disease and Diseases of the Circulatory System

The number of deaths due to heart disease and diseases of the circulatory system totalled 64 during the year under review. This represents well over one-third of the total number of deaths recorded in the area during the year. Most of the deaths were amongst elderly people, and the numbers of deaths were almost evenly balanced between males and females. As is usually the case, the greater number of these deaths were due to the heart wearing out after seventy or more years of service. Very few indeed of the deaths due to heart disease occurred amongst members of the younger generation.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism, thrombosis, and other lesions. A total of 33 deaths in Seaford were classified under this heading in 1956, eleven being males and twenty-two females. This represents almost exactly one-fifth of the total number of deaths recorded in the area during the year. Most of these deaths occur amongst elderly persons, and there are several old people's homes in the district at which a good proportion of the deaths from this type of disease occur.

Cancer

Twenty-six deaths due to cancer took place amongst Seaford residents during 1956, giving a death rate of 2.44 per 1,000 population. This rate is appreciably lower than last year's figure of 2.94 per 1,000 population. Three deaths due to cancer of the lung or bronchus were recorded, all being males.

SECTION II

General Provision of Health Services in the Area

Public Health Facilities of the Local Authority

During the period under review, the Medical Officer of Health for Seaford also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Newhaven, and the Rural District of Chailey.

One Public Health Inspector carries out his particular duties in the Urban District of Seaford.

Laboratory Facilities

The Public Health Laboratory established at the Royal Sussex County Hospital, Brighton, has been of great assistance during the year.

The Laboratory has carried out for the Urban District, free of charge, the examination of a number of specimens of sputum. It is also available for the examination of throat and laryngeal swabs, milk, water, ice-cream, and any food-stuff suspected of containing infective organisms.

The service is extremely valuable both to your Medical Officer of Health, and to the Medical Practitioners in the district. It is particularly useful in providing a certain means of discovering whether or not a person had been invaded by the infective organism causing tuberculosis.

Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses one ambulance in the town. During 1956 this vehicle was available for the conveyance of both infectious and non-infectious cases, and arrangements were in being for the disinfection of ambulance, bedding, clothing, etc., after use f r the transport of an infectious case. If a further call is received whilst the ambulance is out on duty, arrangements are in being for the call to be dealt with by other depots in the area.

Office accommodation for the personnel staffing the ambulance is provided by the County Council at the Mercread Road Ambulance Depot.

The East Sussex County Council provides facilities for the transport of tuberculosis cases.

Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the District Nursing Associations.

Hospitals

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation. The accommodation in the area remains materially the same as it was prior to the passing of the Act.

Clinics and Treatment Centres

Treatment centres have been provided as previously, and an immunisation clinic has been held on the first Thursday of each month at the Simmons Institute, Crouch Lane. This has proved very successful and was well attended.

Provision for the Care of Mental Defectives

The East Sussex County Council administers the Lunacy and Mental Deficiency Services in respect of patients outside Institutions. All institutional care is the responsibility of the Regional Hospital Board.

SECTION III

Sanitary Circumstances and Sanitary Inspection of the Area

1. Staff

During the year under review the staff of the department consisted of one Public Health Inspector, one clerical assistant, and one part-time rodent operator.

2. Rehousing

At the 1st January 1956 the Housing Waiting List consisted of 107 applicants. This does not include 10 families in pre-fabricated bungalows.

During the year 45 new applications were received.

The number of families from the waiting list rehoused in permanent premises was 43.

The Council continued their policy of a gradual reduction in the number of requisitioned premises and during the year de-requisitioned 6 properties, thus necessitating the rehousing in permanent premises of 4 families. Two families remained in two houses, when they were handed back to their owners.

In addition to the movement of families as shown above, it was necessary, for various reasons, to transfer 11 families from one property to another.

At the 31st December 1956 the waiting list consisted of 76 applicants, which did not include 10 families in pre-fabricated bungalows.

The department's work in connection with rehousing, includes the receipt of applications, pointing up under the Council's scheme, and the continuous revision involved. It also includes the preparation of lists of applications for the attention of the Housing Selection Sub-Committee and the keeping of all records.

This involved 719 interviews and 396 letters.

Applicants are naturally anxious to know their position on the waiting list from time to time, especially when many months have elapsed since application was first made, although there are quite a number who despite being told of the housing position, think that they should have accommodation within a matter of a week or so from their first application.

Whereas the applicants can only view the matter from their own particular need, and think their case to be one of urgent necessity, this may not necessarily be so when the whole of such cases are under review.

3. Prevention of Damage by Pests Act 1949 - Rodent Control

Survey and action, as necessary, in connection with rodent control was continued during the year, and for this purpose a part-time rodent Operator was employed four hours each day for six days per week, under the supervision of the Public Health Inspector.

As in previous years, free service to private dwelling houses was in operation and again proved successful. Generally, the co-operation of occupiers was a great factor in achieving results.

580 visits were made and 475 properties inspected, of which 88 were found to be infested.

From time to time the Council's sewers were inspected at various points, and no evidence of rats was found.

The Council's house refuse dumps were examined periodically, and action taken when found to be necessary.

This continued activity against the rat population is without doubt worth while inasmuch as gradually year by year the number of infestations grows smaller, and whereas a few years ago infestations were of a major character, now such infestations consist of two or three rats only.

4. Coelopa Frigida

The operation against the seaweed fly in 1954 proved successful, as during the year under review very little trouble was experienced from this source.

5. Brown-tail Moth Caterpillars

Inspections of the areas affected by the Brown-tail Moth Caterpillar during the year proved that the treatment of 1954 had been wholly satisfactory.

6. Petroleum Acts & Orders 1928 and 1936 - Petroleum

Seventeen licences were issued for the storage of petroleum for the year, which included two new installations.

Thirty-two inspections were made in this connection.

7. Milk (Special Designations)Regulations 1949 to 1954 - Milk

At the 1st January 1956 there were five Purveyors of milk in the Urban District:

The following licences for the sale of graded milks were issued:-

6 Pasteurised (sale only)
5 Tuberculin Tested.
3 Sterilised.

All premises were kept in a clean condition and were limewashed or cleansed as necessary.

8. Bakehouses

The two bakehouses were inspected periodically, and at all times were found to be kept in a clean condition. The necessary limewashing or cleansing was carried out at the required times.

9. Food

(1) The number of food premises, by type of business:-

2 Bakehouses	3 Fish Shops
7 Butchers	1 Fried Fish Shop
5 Dairies and Milkshops.	8 Hotels
12 Grocers	40 Ice-cream
21 Restaurants.	

(2) The number of food premises, by type, registered under Section 14 of the Food and Drugs Act 1938 and number of Dairies registered under the Milk and Dairies Regulations, 1949:-

40 Sale of ice-cream
3 Butchers
1 Grocer
5 Dairies and Milkshops

(3) The number of inspections of (2) above and comments thereon:-

Premises for Sale of Ice-Cream Number of inspections 40. With three exceptions these premises sell pre-wrapped ice-cream and one establishment only manufactures. In all cases the premises and conditions are satisfactory and the manufacture at the one establishment is in accordance with the Ice-cream (Heat Treatment etc) Regulations 1947 to 1952.

Butchers Premises Number of inspections 7. The making of sausages and pickling of meats is carried out under satisfactory conditions.

Grocers Premises Inspections 24. The boiling of hams. The rooms where the boiling is carried out are kept in a clean condition, periodically painted and the utensils kept in good condition.

Dairies & Milkshops Inspections 10. These premises are kept in a clean and satisfactory condition, and cleansed, whitewashed or painted at the required periods.

(4) Whilst no organised educational activity is carried out, every opportunity is taken, when inspecting premises where food is prepared, to emphasize the importance of food hygiene.

(5) Where condemned food is of salvage value, it is disposed of to firms concerned in this type of treatment or manufacture. Other classes of food are collected and destroyed at the Council's tip.

(6) Only small amounts of food have had to be condemned. This action being necessary generally through damage in transit, defective tins, bad handling, etc.

Blown, punctured or damaged tins

1 - 4 lbs tin Ham
3 - 6 lbs tins Corned Beef
2 - 2 lbs tins Pork Luncheon Meat
1 - 4 lbs tin Chopped Pork
1 - 3 lbs.15 ozs tin Chicken
3 - 1 gal. tin Raspberries.
3 - 105 fluid ozs. Pineapple Pulp.
1 - 6½ lbs tin Sliced Apples
5 - 6 lbs tins Pineapple.
3 - 5 lbs 14 ozs. tins Solid Pack Apples.
1 - 6 lbs tin Apricots.
1 - 6 lbs tin Peaches.
1 - 8 lbs tin Pineapple Jam.
1 - 6 lbs 6 ozs. tin Tomatoes.
8 - 16 ozs. tins Baked Beans.
2 - 15½ ozs. tin Garden Peas.

Decomposition

8 lbs Prunes.

Heated

4½ lbs. Sweetbreads.

Bone Taint

106 lbs. Beef

Body Heat

188 lbs.Beef.

10. Inspections

	Primary Inspections	Re-Inspections	Total Visits
Housing.	11	38	49
Dairies.	5	5	10
Food Shops and restaurants, including sale of ice-cream premises.	70	11	81
Food condemnation.	22	-	22
Drainage - nuisance.	3	3	6
Drainage - new buildings and alterations	37	29	66
Drain tests.	1	3	4
Disinfections - Infectious Diseases.	-	-	-
Disinfections - On request.	6	6	12
Inspections - Miscellaneous ¤	15	8	23
Dumps.	1	1	2
Rodent Control.	475	105	580
Bakehouses.	2	2	4
Petroleum.	17	15	32
Factory Inspections.	31	6	37
Fried Fish Shop.	1	1	2
Public Conveniences.	15	-	15
Caravan Site.	2	8	10
Dustbins.	2	5	7
	716	246	962

¤ Included in the Miscellaneous Inspections are inspection of Pet Shops, complaints, and inspections in connection with smells, smoke nuisance etc.

11. Action Taken

The following action was taken to secure the abatement of nuisances and housing defects:-

Number of nuisances and housing defects.	14
Number where works were carried out as a result of informal action.	12
Number of Statutory Notices served.	2
Closing Order on building and still operative.	1
Number of Statutory Notices complied with.	2

12. Factories Act 1937

In the Urban District there are four factories on the register in which Sections 1,2,3,4 & 6 of the above Act are enforced and 27 factories in which Section 7 only is enforced. During 1956, 37 inspections were carried out. Details are as follows:-

Part I of the Act

Inspections made for the purposes of provisions as to health. (including inspections made by Public Health Inspector.)

premises.	Number on Register.	Number of Inspections.	Written Notices.	Occupiers prosecuted.
(i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities.	4	4	-	-
(ii)Factories not included in (i) in which Section 7 is enforced by the Local Authority.	27	33	-	-
(iii)Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	nil			
Total:	31	37	-	-

Part VIII of the Act

The position relating to outwork is as follows:-

Section 110			Section 111		
No. of out-workers in August list required by Sec.110 (1)(c)	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.	No.of instances of work in un-wholesome premises.	Notices served.	Prosecutions
1 (wearing apparel - knitwear.)	nil	nil	nil	nil	nil

13. General.

This report would not be complete without enumerating other matters which naturally expend time but cannot be shown elsewhere.

General letters, reports, returns etc.	400
Conferences with Chairmen of Committees and Officers of the Council as necessary from time to time.	156
Meetings and Conferences attended.	32

SECTION IV

Prevalence of, and Control over, Infectious and Other Diseases

Infectious Diseases

In all, 192 cases of infectious disease were confirmed in Seaford in 1956. The details were as follows:-

Disease	Cases	Cases admitted to Hospital	Deaths
Measles	183	-	-
Erysipelas	5	-	-
Pneumonia	3	-	-
Whooping Cough	1	-	-
	192	-	-

Measles

The 183 cases of measles which were recorded in Seaford during 1956 do not represent by any means a high incidence rate, particularly in view of the fact that there has not been a period of high incidence in the area for some years.

All the cases were treated at home and made rapid and uneventful recoveries.

In the past, the complications arising from measles were much more to be feared than the illness itself, and many cases occurred when eyes or ears were permanently affected after an attack of the disease. Modern methods of treatment have very considerably reduced the risk of such side effects, but the illness nevertheless remains one which merits careful treatment and proper medical care to ensure that untoward after-effects do not arise. Unfortunately it does not seem likely that a practical vaccine giving permanent or semi-permanent protection against measles will be produced in the near future.

Erysipelas

Five case of erysipelas were notified in Seaford during 1956. No case was sufficiently serious to merit admission to hospital and all made uneventful and complete recoveries. Not many years ago erysipelas was a dangerous illness and sufferers were often critically ill for comparatively long periods, particularly elderly persons. The disease is now much more easily controllable and is rarely given a chance to assume critical proportions.

Pneumonia

Three cases of pneumonia were notified during 1956. None of the cases were sufficiently serious to require admission to hospital and all cases made satisfactory recoveries.

Whooping Cough

For the second year in succession, only one case of whooping cough was notified in Seaford. In last year's Annual Report it was mentioned that a combined vaccine which offers protection against both diphtheria and whooping cough was made available in the Urban District early in 1954, and that although the one case reported in 1955 represented a considerable reduction in the incidence rates recorded in previous years, it was too early to assume that the reduction was due to the introduction of the combined vaccine. The occurrence of only one case for the second year in succession strengthens the possibility that the low figures recently recorded are the result of the new vaccine, although it is still too early to say definitely that this is the case.

General

Of the total of 192 cases of infectious disease which were notified in Seaford during 1956, 183 were of measles. Only nine other cases of infectious disease were notifed, five of which were of erysipelas. In many previous years the number of cases of measles has constituted by far the greatest proportion of the total number of cases notified. If a simple and reliable means of providing permanent or semi-permanent immunity from measles were to be discovered, the average number of infectious disease cases annually notified would be very considerably reduced. Seaford was fortunate in having no case of poliomyelitis during the year under review.

SECTION V

Tuberculosis

In 1956 eleven cases of pulmonary tuberculosis and one case of non-pulmonary tuberculosis were notified in Seaford. Of these, eight of the pulmonary cases were persons who were already suffering from pulmonary tuberculosis when they came into Seaford from other areas.

1956 NEW CASES AND MORTALITY

AGE PERIODS	NEW CASES				DEATHS			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-
15	-	-	-	1	-	-	-	-
20	-	2 x	-	-	-	-	-	-
25	1 x	4 ¤	-	-	-	-	-	-
35	3 ¤	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-
65 & upwards	-	1	-	-	1 ø	-	-	-
TOTAL:	4	7	-	1	1	-	-	-

x Inward transfers. ¤ Includes inward transfers. ø Not on register, died at York Lodge Nursing Home.

The incidence rate represented by the eleven notified cases of pulmonary tuberculosis is 1.03 per 1,000 population. If the eight inward transfers are excluded, a total of three new cases remains, giving an incidence rate of 0.28 per 1,000 population.

The single case of non-pulmonary tuberculosis notified in the area during the year under review gives an incidence rate of 0.09 per 1,000 population.

The single death due to pulmonary tuberculosis which occurred in the Urban District during 1956 shows a rate of 0.09 per 1,000 population. This death was of a person not normally resident in the Urban District.

CLIMATE

The following meteorological statistics were recorded at Seaford during the year 1956:-

Month	Temperature Mean.	Max.	Min.	Rainfall Total Ins.	Heaviest Inches	Sunshine Average Hours	Total Hours	No. of Sunny Days
January	41.1	52	29	5.11	.72	2.15	66.7	14
February	31.3	49	16	.27	.12	3.57	103.4	22
March	43.3	59	25	.47	.21	5.26	163.1	24
April	43.7	58	27	1.24	.44	6.10	182.9	26
May	52.3	73	34	.46	.18	8.71	269.9	29
June	55.5	69	43	1.91	.49	5.38	161.3	24
July	60.2	75	47	2.95	1.17	5.87	182.1	24
August	59.0	72	45	3.80	.68	6.48	201.0	26
September	59.7	71	47	2.52	.60	4.45	133.6	24
October	50.6	63	34	1.07	.60	3.69	114.4	20
November	43.7	56	21	.91	.47	3.07	92.2	21
December	44.3	53	30	4.02	.81	0.54	16.8	7
	48.7			24.73		4.61	1687.4	261

It will be seen from perusal of the above table that weather conditions throughout the year were not so favourable as those experienced during 1955. Nevertheless, the year was not a bad one from the climatic point of view and in fact the months of April and May were extremely fine. The total rainfall for the year was by no means heavy, although a rather larger proportion than usual fell during the months of July and August.

It will be noted that, even during a year when climatic conditions were less favourable than is normally the case in Seaford, the sun shone on 261 days and a total of 1,687.4 hours sunshine was recorded.

As is usual in the district, the temperature range was not extreme, the lowest temperature,recorded in January, being 23°F. and the highest, recorded in August, being 84°F.